# Row 5417

Visit Number: 46cb2182df260c67226a721fde92eef51c1ad819ecbb5cba508898b06fc77185

Masked\_PatientID: 5387

Order ID: 98eaee466d55176dfccfd3c8f66d65561d5a443d7f2f1187afe895b568fdbe9e

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 10/3/2018 16:37

Line Num: 1

Text: HISTORY bronchial esophageal fistula s/p bronchial esophageal stenting cx ARDS s/p VV ECMO now persistent fistula leak , to assess mediastinum structure. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with CT chest done on 20 February 2018. Tip of the endotracheal tube is well above the carina. Bronchial stent is seen extending from the tracheal bifurcation, along the right main and intermediate bronchi. Its inferior end appears to point posterolaterally towards the wall (image 405/37). There is interval worsening of consolidation and ground-glass changes in the upper lobes bilaterally and middle lobe. The previousconsolidation in the lower lobes appear slightly better. Small bilateral pleural effusions are again noted. There is interim insertion of a drainage catheter into the abscess in the posterior segment of the right upper lobe which shows mild reduction in size from previous 5.3 x 5.6 cm (se 402/29) to current 4.3 x 4.7 cm (se 402/36). Communication is seen between the abscess cavity with the right upper lobe bronchus (image 401/37-40). Stent in the upper portion of the gastric conduitis unchanged in position. There are two feeding tubes, the lower portions of which are partially visualised in the included upper abdomen. Stable borderline mediastinal nodes are seen. There is no mediastinal emphysema or drainable mediastinal collection. Heart is top of normal in size. Atherosclerotic coronary artery calcifications are seen. The ascending aorta is mildly ectatic measuring 4.5 cm. Visualised sections of the upper abdomen shows stable hepatic hypodensities, likely cysts. No osseous destruction. CONCLUSION Since 20 February 2018, there is innterval worsening of consolidation and ground-glass changes in the upper lobes and middle lobe, whilst the changes in the lower lobes appear marginally improved. Interval insertion of drain in the right upper lobe abscess. Communication between the abscess cavity with the right upper lobe airway is seen. The inferior portion of the right bronchial stent appears to point posterolaterally towards the bronchial wall. Clinical correlation for its significance is suggested. Further action or early intervention required Karande Gita Yashwantrao , Senior Resident , 19633I Finalised by: <DOCTOR>

Accession Number: 9cfdfa598dccb0932493da1ecd6b072fe374bb18f4e9ce64906423b68b172709

Updated Date Time: 10/3/2018 18:28

## Layman Explanation

This radiology report discusses HISTORY bronchial esophageal fistula s/p bronchial esophageal stenting cx ARDS s/p VV ECMO now persistent fistula leak , to assess mediastinum structure. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with CT chest done on 20 February 2018. Tip of the endotracheal tube is well above the carina. Bronchial stent is seen extending from the tracheal bifurcation, along the right main and intermediate bronchi. Its inferior end appears to point posterolaterally towards the wall (image 405/37). There is interval worsening of consolidation and ground-glass changes in the upper lobes bilaterally and middle lobe. The previousconsolidation in the lower lobes appear slightly better. Small bilateral pleural effusions are again noted. There is interim insertion of a drainage catheter into the abscess in the posterior segment of the right upper lobe which shows mild reduction in size from previous 5.3 x 5.6 cm (se 402/29) to current 4.3 x 4.7 cm (se 402/36). Communication is seen between the abscess cavity with the right upper lobe bronchus (image 401/37-40). Stent in the upper portion of the gastric conduitis unchanged in position. There are two feeding tubes, the lower portions of which are partially visualised in the included upper abdomen. Stable borderline mediastinal nodes are seen. There is no mediastinal emphysema or drainable mediastinal collection. Heart is top of normal in size. Atherosclerotic coronary artery calcifications are seen. The ascending aorta is mildly ectatic measuring 4.5 cm. Visualised sections of the upper abdomen shows stable hepatic hypodensities, likely cysts. No osseous destruction. CONCLUSION Since 20 February 2018, there is innterval worsening of consolidation and ground-glass changes in the upper lobes and middle lobe, whilst the changes in the lower lobes appear marginally improved. Interval insertion of drain in the right upper lobe abscess. Communication between the abscess cavity with the right upper lobe airway is seen. The inferior portion of the right bronchial stent appears to point posterolaterally towards the bronchial wall. Clinical correlation for its significance is suggested. Further action or early intervention required Karande Gita Yashwantrao , Senior Resident , 19633I Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.